Sc	hedule E)		PAGE 1 OF 84 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Wayne Burckel		Date of Public Distribution/Dissemination
-	·		08 23 7 2014
	Mailing Address 46 Glenwood Ave		Amount
t	City State	Zip Code	20.00
	Harahan LA	70123	Transaction ID : 673421c8-d40f-4480-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	97070.06	Disbursement For: Primary
	Full Name of Payee		Date of Public Distribution/Dissemination
	Timothy Foley		08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 20679 Glenbrook Terrace		Amount
ŀ	City State	Zip Code	20.00
	Sterling VA	20165	Transaction ID: 98fcd19a-5415-4bf6-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	08 / 23 / 2014
ľ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Kay Hagan	X Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	255843.21	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures		40.00
((b) SUBTOTAL of Unitemized Independent Expenditures		-
(c) TOTAL Independent Expenditures		. •
V	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
		nically Filed] Date	9 08 26 2014
	Signature		

Schedule E)	IVI EXI EIVE	TI OILO	PAGE 2 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brenda L Dawson			08 / 23 / 2014
Mailing Address 6021 General Samuel Rd			Amount
City	State	Zip Code	22.00
Jacksonville	AR	72076	Transaction ID : 7d6d57bd-5ae7-4604-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	65179.48	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Brenda L Dawson			08 23 2014
Mailing Address 6021 General Samuel Rd			Amount
City	State	Zip Code	5.10
Jacksonville	AR	72076	Transaction ID: 00f18347-4389-42fd-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	65179.48	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		27.10
,,			7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· -
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	9 08 26 7 2014

Scl	hedule E)	./(i =: +=:	101120				PAGE 3 OF 84 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER	—
VV	omen Speak Out PAC					С	C00530766	
Che	ck if 24-hour report X 48-hour report	X New repo	ort Am	nends repc	ort filed on	M M /	/ D = D / Y = Y = Y	
T	Full Name of Payee Cari A Stevenson				Dat	e of Public	c Distribution/Dissemination	
-	Mailing Address 12312 Summer Cemetary Rd				Am	08 ount	23 2014	
						Ourit		_
	City Sta		Zip Code				30.00	
	Cabot A	AR	72023				ID: 1cfd538f-e0a0-464d-bursement or Obligation	
Ì	Purpose of Expenditure Salary		Category/ Type	001		08 N	23 2014	Y
F	Name of Federal Candidate			Support	Office Sou	ıaht:	House District: 00	
	Mr. Mark L Pryor			Oppose		_	Senate State: AR	
	Calendar Year-To-Date Per Election for Office Sought		65179.48		Disbursem 2014	ent For: Other (sp	Primary	al
ľ	Full Name of Payee				Da	te of Publi	c Distribution/Dissemination	
	Cari A Stevenson					M = M 08	23 / 2014	Υ
-	Mailing Address 12312 Summer Cemetary Rd					UG	23 2014	_
Ì	<u> </u>				Am	ount		
1	City Sta	tate	Zip Code				9.00	
		AR	72023		Trar Dat	nsaction II te of Disbu	D: c97d3625-481d-4aaf-9 ursement or Obligation	1
Ĭ	Purpose of Expenditure Mileage	l	Category/ Type	002		08	23 / 2014	Y
ľ	Name of Federal Candidate		·	Support	Office Sou	ıght:	House District: 00	
L	Mr. Mark L Pryor			Oppose	Pres	sident	Senate State: AR	
	Calendar Year-To-Date Per Election for Office Sought		65179.48	8	Disbursem 2014	nent For: Other (sp	Primary	al
(8	a) SUBTOTAL of Itemized Independent Expenditures				·· •	-	39.00	
(I	b) SUBTOTAL of Unitemized Independent Expenditures	· 			·· •		1 4 1 4	
(0	c) TOTAL Independent Expenditures]
W	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agen	or authorized						
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 08	/ 26	2014	
	Signature		_					

Schedule E)	I EXI END	ITOTILO		PAGE 4 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	M / D = D / Y = Y = Y			
Full Name of Payee			Date of	Public Distribution/Dissemination
Kenny Wallis			M Oa	
Mailing Address 6412 Osage Dr			Amount	
City	State	Zip Code		60.00
North Little rock	AR	72116		ction ID: 46cd35ad-45ca-46cd-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	0	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	t Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	65179.48	Disbursement F 2014 Othe	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Brenda L McCune			M 0	
Mailing Address 1254 Fleming St Apt 6			Amount	
City	State	Zip Code		45.00
Conway	AR	72032		tion ID : dd2ca308-9e40-4fc6-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	O8	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presiden	t Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 7	65179.48	Disbursement I 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditure	98			105.00
				7 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	4 1 4 1 4
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		26 2014
•				

Schedule E)	IN EXILINE	TI OTILO	PAGE 5 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6			08 23 7 2014
1204 Fiching of April			Amount
City	State	Zip Code	2.10
Conway	AR	72032	Transaction ID: 0382c0a6-b303-4cdd-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Nicole N Ball			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2528 Mill Creek Rd			Amount
City	State	Zip Code	20.00
Newport	NC	28570	Transaction ID : f53727ed-aba3-482e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		255843.21	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		22.10
(b) SUBTOTAL of Uniternized Independent Exper	ndituros		
(b) SOBTOTAL OF Officernized independent Exper	iditures		
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
- 3			

Schedule E)	ADENT EXTEND	TIONES	PAGE 6 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	ort New rep	port Amends repo	rt filed on
Full Name of Payee Nicole N Ball			Date of Public Distribution/Dissemination
			08 / D D / Y Y Y Y Y Y Z 2014
Mailing Address 2528 Mill Creek Rd			Amount
City	State	Zip Code	12.00
Newport	NC	28570	Transaction ID: 0577c7d7-7525-400b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement of Obligation
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		255843.21	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jacob L Colbert			08 / 23 / 2014
Mailing Address 49 Sharon Circle			Amount
City	State	Zip Code	15.00
Greenbrier	AR	72058	Transaction ID : c3fe4ca3-5ece-435b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 23 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		27.00
(a) GOD TO THE OF HOMEZON HINDOPONION EXP			21.00
(b) SUBTOTAL of Unitemized Independent E	Expenditures		·
(c) TOTAL Independent Expenditures			
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro.	nically Filed] Date	08

Schedule E)	EXI END	1101120		PAGE 7 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 000000
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Jacob L Colbert			Date of	f Public Distribution/Dissemination
				08 23 2014
Mailing Address 49 Sharon Circle			Amoun	t
City	State	Zip Code	-	6.00
Greenbrier	AR	72058		ction ID : d04f1eef-1ce5-42ba-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursement 2014	
			Otl	ner (specify)
Full Name of Payee Todd Ellis				f Public Distribution/Dissemination
Mailing Address P.O. Box 712				08 23 2014
Mailing Address P.O. Box 712			Amoun	t
City	State	Zip Code		55.00
Alexander	AR	72002	Transac Date o	ction ID : 1edcd4e3-8a56-4a60-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursement 2014 Ot	For: Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditures.			· •	61.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es			42 1 42 1 42
(c) TOTAL Independent Expenditures				
(C) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	M M / 08	26 2014
Signature				

Schedule E)	VI EXI EIVE	TI OILO	PAG FOF	E 8 OF 84 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	FICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dist	ribution/Dissemination
Todd Ellis				23 / Y Y Y Y Y Y 2014
Mailing Address P.O. Box 712			Amount	
City	State	Zip Code		55.00
Alexander	AR	72002	Transaction ID : est	51cac8f-56c7-4e43-9 ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001		23 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Mr. Mark L Pryor		X Oppose		enate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	65179.48	Disbursement For: 2014 Other (specify)	Primary General
Full Name of Payee			Date of Public Dist	tribution/Dissemination
Todd Ellis				23 / 2014
Mailing Address P.O. Box 712			Amount	
City	State	Zip Code		22.50
Alexander	AR	72002	Transaction ID: 18 Date of Disbursem	725d4c-2103-4754-8 ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		23 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Mr. Mark L Pryor		X Oppose	President Se	
Calendar Year-To-Date Per Election for Office Sought	7	65179.48	Disbursement For: 2014 Other (specify)	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ires			77.50
			7	4
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		>	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 26 /	2014
- 3				

Schedule E)	NDENI EN END	TOTILO		PAGE 9 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour rep	port New repo	oort Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Todd Ellis			Date of Pul	/ D D / Y Y Y Y Y Y Z Y Z Z Z Z Z Z Z Z Z Z Z
Mailing Address P.O. Box 712			Amount	
City	State	Zip Code		22.50
Alexander	AR	72002		n ID : a582d40e-48f5-4858-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 08	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursement For 2014 Other (: Primary X General (specify) ▶
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Warren Gravois			08	23 / 2014
Mailing Address 16005 7th St			Amount	
City	State	Zip Code		25.00
Pearlington	MS	39572		n ID : 39d8a8c8-15c7-4220-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97070.06	Disbursement For 2014 Other	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures		>	47.50
(b) SUBTOTAL of Unitemized Independent	Expenditures		·	
				* · · · · · · · · · · · · · · · · · · ·
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 08 26	
Signature		_ buto	تا لتا	

Schedule E)	I EXI END	ITORES		PAGE 10 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Warren Gravois			Date of Public	Distribution/Dissemination
Mailing Address 16005 7th St			08	23 / 2014
			Amount	
City	State	Zip Code		1.50
Pearlington	MS	39572		D: d463447e-92ef-4ca5-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	97070.06	Disbursement For: 2014 Other (sp.	Primary
Full Name of Payee Rachel Moran			Date of Public	Distribution/Dissemination
			08	23 / 2014
Mailing Address 915 E Market Ave Box 13479			Amount	
City	State	Zip Code		45.00
Searcy	AR	72149		D: a11e79d2-8af0-4971-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	23 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 7	65179.48	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es			46.50
4			7	7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 26	2014
Gigriature				

Sched	lule E)	1 E/N E.1.5.	1101120		F	PAGE 11 OF 84 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC					00530766
Check it	f 24-hour report X 48-hour report	New repo	ort Amends	report filed	on Man /	D = D / Y = Y = Y
	Name of Payee achel Moran				Date of Public	Distribution/Dissemination
Mail	ling Address 915 E Market Ave Box 13479				08 Amount	23 2014
City		01-1-	7:- 0			26.64
City Sea	arcy	State AR	Zip Code 72149			26.64 D: fd2437a2-3f00-4fc8-b sement or Obligation
	pose of Expenditure eage		Category/ Type	002	M M /	23 / Y 2014
Nan	ne of Federal Candidate		Suppor	rt Office	Sought:	House District: 00
Mr.	Mark L Pryor		X Oppose		President X	
	Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbu 2014	orsement For:	Primary
EI	Name of Payee izabeth M Moore lling Address 1223 Silver Sage Dr Apt 303				Date of Public	Distribution/Dissemination 23 2014
City	1	State	Zip Code			12.50
	leigh	NC	27606		Transaction ID Date of Disbur	: 3a65d851-3f5d-41e9-9 sement or Obligation
	pose of Expenditure lary		Category/ Type 0	001	08	23 / 2014
Nar	ne of Federal Candidate		Suppor	rt Office	e Sought:	House District: 00
Ms	. Kay Hagan		X Oppos	e	President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		255843.21	Disbu 2014	ursement For:	Primary
(a) S	SUBTOTAL of Itemized Independent Expenditure	!S		······ >		39.14
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ures		······ >	7	
(c) T	TOTAL Independent Expenditures			······ •		7 7
with,	er penalty of perjury I certify that the independe or at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized				
_	Ms. Emily Buchanan	[Electron	nically Filed]	Date 0	8 26	2014
Si	ignature					

Schedule E)		1101120		PAGE 12 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
🗆				/ D D / Y Y Y Y Y
Check if 24-hour report X 48-hour repor	t X New rep	port Amends repo	ort filed on	
Full Name of Payee Elizabeth M Moore			Date of Publ	ic Distribution/Dissemination
Mailing Address 1223 Silver Sage Dr Apt 303			Amount	23 2014
City	State	Zip Code		6.03
Raleigh	NC	27606		ID: 0f5ef5b4-c2dd-46ec-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	23 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		255843.21	Disbursement For: 2014 Other (s	Primary ⊠ General pecify) ►
Full Name of Payee Laura U Logie			M = M	ic Distribution/Dissemination
Mailing Address 2565 Shire Circle	-		Amount	23 2014
City	State	Zip Code		20.00
Harrisonburg	VA	22801	Transaction I Date of Disb	D : d07fa052-4bfa-4f79-a oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	23 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		255843.21	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Exper	nditures		•	26.03
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>	
(c) TOTAL Independent Expenditures			•	49. 1 45. 1
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	. 08 / 26	/ Y Y Y Y Y 2014
Signature		_		

Sc	chedule E)	PAGE 13 OF 84 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	peck if 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y
٦		Date of Public Distribution/Dissemination
	Linda J Fueling	08 / 23 / 2014
	Mailing Address 6424 Purple Martin Ct	Amount
	City State Zip Code	70.00
	Wilmington NC 28411	Transaction ID : 13586f4c-3fda-40e1-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburs 255843.21 Disburs	sement For:
	Full Name of Payee	Date of Public Distribution/Dissemination
١	Linda J Fueling	08 23 2014
١	Mailing Address 6424 Purple Martin Ct	20 2017
		Amount
١	City State Zip Code	26.01
	5	Transaction ID: e16151e8-d14d-4b0f-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 / 23 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbury 2014	sement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	96.01
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 08	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Schedule E)		PAGE 14 OF 84 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC C00530766						
		O				
Check if 24-hour report X 48-hour report New report	Amends report filed on	M / D D / Y B Y B Y B Y				
Full Name of Payee Morgan E Hallenbeck		of Public Distribution/Dissemination				
Mailing Address 3790 Christian Light Rd	Amou	08 23 2014 nt				
City State Zip Co	da	30.00				
City State Zip Co Fuquay Varina NC 27526	Trans	action ID : 810f9cf9-43dd-4035-8 of Disbursement or Obligation				
Purpose of Expenditure Salary Cate		08 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate	Support Office Sough	t: House District: 00				
Ms. Kay Hagan	Oppose Preside					
Calendar Year-To-Date Per Election for Office Sought 255843.		t For: Primary X General ther (specify) ▶				
Full Name of Payee Morgan E Hallenbeck Mailing Address 3790 Christian Light Rd	_	of Public Distribution/Dissemination 08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City State Zip Co	ode	12.60				
Fuquay Varina NC 27526	Transa	ction ID: 987a1489-d420-43cf-8 of Disbursement or Obligation				
Purpose of Expenditure Mileage Cate		08 / 23 / 2014				
Name of Federal Candidate	Support Office Sough	t: House District: 00				
Ms. Kay Hagan	Oppose Preside	ent Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought 2558	Disbursemen 2014	t For:				
(a) SUBTOTAL of Itemized Independent Expenditures	· .	42.60				
(b) SUBTOTAL of Unitemized Independent Expenditures		4 4				
(c) TOTAL Independent Expenditures	· .	7 1 7 1 4				
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.						
Ms. Emily Buchanan [Electronically Formula [Electronically Formula Electronically Electronically	led] Date 08	26 2014				
Signature						

Sched	lule E)	1 =/(1 = (1 =)			PAGE 15 OF 84 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M
	Name of Payee /lan Simon				of Public Distribution/Dissemination
	ing Address 111 Millrock Drive			IVI	08 / 23 / 2014
IVIGII	ing Address 111 Millrock Drive			Amou	int
City		State	Zip Code	$-\Gamma$	49.67
Lafa	ayette	LA	70508		saction ID: 6ad3a582-9f61-47dc-8 of Disbursement or Obligation
Purp Sal	pose of Expenditure ary		Category/ Type 001		08 23 2014
Nam	ne of Federal Candidate		Support	Office Sough	nt: District: 00
Ms.	Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, ,	97070.06	Disbursemen 2014 O	nt For: Primary X General Other (specify) ▶
	Name of Payee				of Public Distribution/Dissemination
Dy	ylan Simon			N.	08 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mail	ling Address 111 Millrock Drive			Amou	ınt
City	,	State	Zip Code	$ \Gamma$	23.46
Laf	rayette	LA	70508	Transa Date	action ID : f8bd6356-dcee-4b1c-a of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		08 23 2014
Nan	ne of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms.	Mary L Landrieu		Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 7	97070.06	Disbursemen 2014	nt For: Primary
(a) S	SUBTOTAL of Itemized Independent Expenditure	S		>	73.13
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ures		· •	
(c) T	OTAL Independent Expenditures			· ·	7 1 7 1 7
with,	r penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	ite or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 08	26 / Y = Y = Y = Y = Y
Si	gnature				

Schedule E)	L /(L (1)			PAGE 16 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	<u> </u>
Full Name of Payee Quinn K Freas			M	Fublic Distribution/Dissemination
Mailing Address 5445 Landseer Way			Amoun	08 23 2014 t
City	State	Zip Code		35.00
City Cumming	GA	30040		ction ID: 814a22b2-e406-4679-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	Presider	NC NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	255843.21	Disbursement 2014 Oth	For: Primary
Full Name of Payee Jessica Habakjian				f Public Distribution/Dissemination
Mailing Address 4193 W. Lang St				08 23 2014
4180 W. Lang Ot			Amoun	t
City	State	Zip Code		50.00
Farmville	NC	27828	Transac Date of	tion ID: 840939e8-41d1-448a-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, ,	255843.21	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(-) CURTOTAL of Hamilton Independent Expanditure	_			05.00
(a) SUBTOTAL of Itemized Independent Expenditures	3			85.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		• •	
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	08	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Jessica Habakjian	08 23 2014
Mailing Address 4193 W. Lang St	punt
City State Zip Code	6.30
	saction ID: 9542c848-3566-4573-9 of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Kay Hagan Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
	e of Public Distribution/Dissemination
, ,	08 23 2014
Mailing Address 1700 E Part Ave	punt
City State Zip Code	46.00
	saction ID : 407ba712-4da2-4c05-8 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Mr. Mark L Pryor Oppose Presi	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	52.30
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	26 2014
Signature	

PAGE 17

OF

Schedule E)	I EXI END	ITOTILO		PAGE 18 OF 84 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼		
Women Speak Out PAC			C	C00530766		
Check if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee Jeffrey Hampton			Date of Public	Distribution/Dissemination		
Mailing Address 1700 E Part Ave			08	23 2014		
			Amount			
City	State	Zip Code		28.86		
Searcy	AR	72149		D: bbe30b5f-1691-4e9c-a rsement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	08	23 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	, ,	65179.48	Disbursement For: 2014 Other (sp.	Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Adam Rock			08	23 / 2014		
Mailing Address 307 Farris Rd Apt 1			Amount			
City	State	Zip Code		45.00		
Conway	AR	72034		D: 387e555b-4123-4590-9 ursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	M 08	23 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District:00		
Mr. Mark L Pryor		Oppose	President >	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	, ,	65179.48	Disbursement For: 2014 Other (sp	Primary		
(a) SUBTOTAL of Itemized Independent Expenditure	s			73.86		
				7 7		
(b) SUBTOTAL of Unitermized Independent Expenditu	ures		• •			
(c) TOTAL Independent Expenditures			•	4		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 26	2014		
Gigilature						

ScI	hedule E)	L /(1 L /(2)	1101120		PAGE 19 OF 84 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
—— Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on □	M = M / D = D / Y = Y = Y = Y
Т	Full Name of Payee			Date	of Public Distribution/Dissemination
	Adam Rock				08 23 2014
	Mailing Address 307 Farris Rd Apt 1			Amou	unt
\dagger	City	State	Zip Code	$-\Gamma$	13.50
	Conway	AR	72034		saction ID : 02522952-de70-48c8-b of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
t	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Mr. Mark L Pryor		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursemer 2014	nt For:
Γ	Full Name of Payee			Date	of Public Distribution/Dissemination
1	Holly M Tippett				M M / D D / Y Y Y Y Y Y Y W Y W Y W Y W Y W Y W Y
ľ	Mailing Address 595 Saint Gabrielle Dr				للنبا لنا لنا
				Amou	unt
ŀ	City	State	Zip Code		50.00
	Florissant	МО	63033	Transa Date	action ID : e55cb58f-bddf-4f69-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	$\Box \mid \Box$	M 08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Mr. Mark L Pryor		Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursemer 2014	ent For: Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures	;		• •	63.50
(1	b) SUBTOTAL of Unitemized Independent Expenditure	ıres		·· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	
W	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 08 /	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_		

Schedule E)	FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
Women Speak Out PAC	C C00530766						
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayayay						
Full Name of Payee Holly M Tippett	Date of Public Distribution/Dissemination						
	08 23 2014						
Mailing Address 595 Saint Gabrielle Dr	Amount						
City State Zip Code	26.64						
Florissant MO 63033	Transaction ID: 1f58aa2d-841a-49ab-a Date of Disbursement or Obligation						
Purpose of Expenditure Mileage Category/ Type 002	08 / 23 / Y 2014						
Name of Federal Candidate Support Office	Sought: House District: 00						
Mr. Mark L Pryor Oppose	President State: AR State:						
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ►						
Full Name of Payee	Date of Public Distribution/Dissemination						
Zachary Vidrine	08 23 2014						
Mailing Address 202 Rue Des Cajun	Amount						
City State Zip Code	40.00						
Ville Platte LA 70586	Transaction ID: f5f9c022-810e-4ed7-a Date of Disbursement or Obligation						
Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Name of Federal Candidate Support Office	e Sought: House District:00						
Ms. Mary L Landrieu Oppose	President Senate State: LA						
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶						
(a) SUBTOTAL of Itemized Independent Expenditures	66.64						
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Ms. Emily Buchanan [Electronically Filed] Date	8 26 Y Y Y Y Y Y Y Y						
Signature							

Schedule E)	IN EXILIN	SHORLS	PAGE 21 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination
·			08 / 23 / 2014
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	16.80
Ville Platte	LA	70586	Transaction ID : 06333e13-e3a5-43f5-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97070.06	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Elizabeth DeMaine			08 23 Y 2014
Mailing Address 75 Stephenson Ln			Amount
City	State	Zip Code	50.00
Sheridan	AR	72143	Transaction ID: 32b45d52-3345-416a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 23 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	65179.48	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 66.80
(I) OUDTOTAL (III)			
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 26 7 2014
-			

Schedule E)	IDENT EXTEND	TIONES	PAGE 22 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	ort New rep	port Amends repo	ort filed on
Full Name of Payee Elizabeth DeMaine			Date of Public Distribution/Dissemination
Mailing Address 75 Stephenson Ln			08 23 2014 Amount
City	State	Zin Codo	42.60
Sheridan	AR	Zip Code 72143	Transaction ID : 8109ef02-7522-472d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	,	65179.48	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Anthony Pearson			08
Mailing Address 112 apache Dr			Amount
City	State	Zip Code	25.00
Search	AR	72149	Transaction ID: 9c6e2375-67b2-4997-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Exp	enditures		. ▶ 67.60
(b) SUBTOTAL of Unitemized Independent E	expenditures		. •
			7 7 7
(c) TOTAL Independent Expenditures			•
	candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 26 2014
S.griataro			

Scl	hedule E)	EXI ENDI	TOTILO				PAGE 23 OF 84 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Ar	mends repo	ort filed on	M = M /	D = D / Y = Y = Y
Т	Full Name of Payee				D	ate of Public	C Distribution/Dissemination
	Anthony Pearson					08	23 / 2014
	Mailing Address 112 apache Dr				Α	mount	
-	City	State	Zip Code				12.90
	Search	AR	72149				D: 9de1e7f2-43e1-4b21-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			08 08	23 / 2014
ŀ	Name of Federal Candidate			Support	Office So	ought:	House District: 00
	Mr. Mark L Pryor			Oppose		_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		65179.48		Disburse 2014	ment For: Other (sp	Primary ☐ General
ľ	Full Name of Payee				D	ate of Publi	c Distribution/Dissemination
	James Kindstedt					M M	/ D D / Y Y Y Y Y
1	Mailing Address 5510 Dogwood Dr					08	23 2014
-	0010 Dog				Α	mount	
ŀ	City	State	Zip Code				35.00
	Winston Salem	NC	27105				D: dc8409ee-9813-424d-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			08	23 2014
ľ	Name of Federal Candidate			Support	Office So	ought:	House District:00
	Ms. Kay Hagan			Oppose			Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		255843.2	21	Disburse 2014	ement For: Other (sp	Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures.				·· •		47.90
(1	b) SUBTOTAL of Unitemized Independent Expenditure	es			· •		1 4 1 4
(0	c) TOTAL Independent Expenditures						
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	9 08	26	2014
	Signature		_				

Schedule E)	DEIVI EXI EIVE	TI OTILO	PAGE 24 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
James Kindstedt			08 / 23 / 2014
Mailing Address 5510 Dogwood Dr			Amount
City	State	Zip Code	11.55
Winston Salem	NC	27105	Transaction ID: 4f5f2afd-ea55-440c-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	255843.21	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			08 23 2014
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	50.00
Lafayette	LA	70503	Transaction ID: e2457859-7f2f-43b6-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97070.06	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		61.55
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	LIVI LXI LIVI	ON ONES	PAGE 25 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			08 / 23 / 2014
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	4.74
Lafayette	LA	70503	Transaction ID : 5f9a757a-aebd-416f-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	97070.06	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Joanna Kindstedt			08 23 2014
Mailing Address 2134 Tobaccoville Rd			Amount
City	State	Zip Code	35.00
Rural Hall	NC	27045	Transaction ID : a468d16b-a385-437b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	255843.21	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. 39.74
			7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>
(c) TOTAL Independent Expenditures			. •
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	LIVI LXI LIVL	ATTOTILES	PAGE 26 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eric J Smith			08 23 2014
Mailing Address 4967 Dysartville			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID : 5aaf994b-7ccd-4b95-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	255843.21	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID: 6536c1c2-72b0-4faf-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		255843.21	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendent	litures		160.00
			7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g.iataro			

Schedule E)	JENT EXICITE	TI OTILO	PAGE 27 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			08 / 23 / 2014
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	6.00
Morganton	NC	28655	Transaction ID : abc0616a-0e56-4f92-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	255843.21	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Lindsey E Helms			08 23 2014
Mailing Address 301 N Clinic Apt 3			Amount
City	State	Zip Code	80.00
Searcy	AR	72143	Transaction ID : 5fef7a12-6f71-4145-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		86.00
			7- 7- 7-
(b) SUBTOTAL of Unitemized Independent Ex	penditures		·
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	PAGE 28 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
	ublic Distribution/Dissemination
Shantal C Culbreath	/ D D / Y Y Y Y Y Y 2014
Mailing Address 4691 Hercules Lane Amount	
City State Zip Code	80.00
Date of Di	on ID : ba9dfed7-2477-42cd-a isbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001 08	23 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan Oppose President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	r:
	ublic Distribution/Dissemination
James W Blevins	23 / 2014
Mailing Address 108 East Clinton St Amount	
PO Box 410	
	35.00 n ID : b5bddda5-18e5-4c5b-9
Purpose of Expenditure Salary Category/ Type 001 08	isbursement or Obligation / 23 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan Ms. Kay Hagan Oppose President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement Fo 2014 Other	or: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coope with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
	26 2014

Schedule E)	LINDITOTIC	PAGE 29 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee James W Blevins		Date of Public Distribution/Dissemination
Mailing Address 108 East Clinton St		08 23 2014 Amount
PO Box 410		
City State Salemburg NC	Zip Code 28385	15.84 Transaction ID : bf971b6b-690b-43df-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement of Obligation 08 23 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	255843.21 Disb 2014	oursement For: Primary General Other (specify)
Full Name of Payee Nathan Smith Mailing Address 1247 W Mt Comfort Rd		Date of Public Distribution/Dissemination 08 23 Amount
City State	Zip Code	31.67
Fayatteville AR	72703	Transaction ID : e295e8ea-dc43-4e2c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	65179.48 Disk 201	oursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	•	47.51
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or at party committee) any political party committee or its agent.		
	[Electronically Filed] Date	08 26 2014
Signature	_	

		FO	R SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDEN	TIFICATION NUMBER ▼
۷V	omen Speak Out PAC	C coo	530766
Che	ck if 24-hour report X 48-hour report New report Amends report filed of) = D / Y = Y = Y = Y
Т	Full Name of Payee	Date of Public Dis	stribution/Dissemination
	Nathan Smith	08	23 2014
	Mailing Address 1247 W Mt Comfort Rd	Amount	
ŀ	City State Zip Code		8.04
	,		3bb64f9b-1c98-411a-b ment or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08	23 / 2014
	Name of Federal Candidate Support Office	Sought: F	House District: 00
	Mr. Mark L Pryor Oppose	President X S	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Other (specify	Primary
ľ	Full Name of Payee Najib Mahmud	Date of Public Di	stribution/Dissemination
	Mailing Address 3432 Riverrock Ct	Amount	
ŀ	City State Zip Code		60.00
	Baton Rouge LA 70820		of5d5b34-cab6-4e25-a ment or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08	23 / 2014
	Name of Federal Candidate Support Office	Sought: F	House District: 00
	Ms. Mary L Landrieu Oppose	President X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For: Other (specif	Primary
(6	a) SUBTOTAL of Itemized Independent Expenditures	7	68.04
(I	b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7	7
(0	TOTAL Independent Expenditures	- 4	7
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not madrith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date Signature	/ 26	2014
	Jigilatule		

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Schedule E)	ZIVI EXI END	in one o		PAGE 31 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
			M M	/ D D / Y Y Y
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	7 0 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Full Name of Payee Najib Mahmud				lic Distribution/Dissemination
Mailing Address 3432 Riverrock Ct			08	23 2014
3432 RIVEHOUR CI			Amount	
City	State	Zip Code		5.70
Baton Rouge	LA	70820		ID: 43faffd5-4a83-4bb4-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M 08	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97070.06	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Lily Green			M = M 08	23 / 2014
Mailing Address 205 Medallion Circle	_		Amount	
City	State	Zip Code		80.00
Shreveport	LA	71119	Transaction Date of Disk	ID: 09c4fbbf-2bfb-41ef-8 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	23 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97070.06	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Exper	ditures		• •	85.70
(b) SUBTOTAL of Unitemized Independent Exp	penditures		. >	4
(c) TOTAL Independent Expenditures			·	7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	andidate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	9 08 / 26	2014
Signature				

Schedul	e E)		TONLO		PAGE 32 OF 84 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Womei	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
	ame of Payee Green			Dat	te of Public Distribution/Dissemination 8
Mailing	Address 205 Medallion Circle			Am	nount
City		State	Zip Code		27.30
Shrev		LA	71119		ansaction ID : efdd4775-2369-4bb2-9 te of Disbursement or Obligation
Purpos Mileag	se of Expenditure ge		Category/ Type 002	2	08 / 23 / 2014
Name	of Federal Candidate		Support	Office Sou	ught: House District: 00
Ms. M	ary L Landrieu		X Oppose	Pres	sident State: LA
-	alendar Year-To-Date er Election for Office Sought	, , ,	97070.06	Disbursem 2014	nent For:
	ame of Payee	_		Dat	te of Public Distribution/Dissemination
IMatt	: Curran				08 23 2014
Mailing	Address 1537 Country Lane			Δm	nount
					ioun.
City		State	Zip Code		35.00
	ersville	NC	27284	Tran Dat	nsaction ID: a375cf3f-c58c-4cd8-b te of Disbursement or Obligation
Salary	se of Expenditure		Category/ Type 001		08 / 23 / 2014
Name	of Federal Candidate		Support	Office Sou	ught: House District: 00
Ms. Ka	ay Hagan		X Oppose	Pres	sident State: NC State:
	alendar Year-To-Date er Election for Office Sought	7	255843.21	Disbursem 2014	nent For: Primary
-					
(a) SUE	STOTAL of Itemized Independent Expenditur	es		··· •	62.30
(b) SUE	STOTAL of Unitemized Independent Expendi	itures		··· •	1 1 7 1 1 7 1 1 7 1
(c) TOT	FAL Independent Expenditures			···· •	
with, or	penalty of perjury I certify that the independ at the request or suggestion of, any candida emmittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Dai	te 08	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signa	ature				

Schedule E)	LIVI LXI LIVL	on one o	PAGE 33 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Matt Curran			Date of Public Distribution/Dissemination
Mailing Address 1537 Country Lane			08 23 2014 Amount
City Kernersville	State NC	Zip Code 27284	11.16 Transaction ID : a5c0dca1-d968-42ec-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement of Obligation M M M / D D / Y Y Y Y Y 08 23 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		255843.21	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			08 / 23 / 2014
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	80.00
Shreveport	LA	71104	Transaction ID : 0aa09082-c666-47f1-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	97070.06	Disbursement For: Primary ☐ General Other (specify) ☐
(a) SUBTOTAL of Itemized Independent Expendent	litures		▶ 91.16
(b) SUBTOTAL of Unitemized Independent Expe	enditures		. >
(c) TOTAL Independent Expenditures			
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	nically Filed] Date	9 08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	I INDEFENDENT EXPE	INDITIONES	PAGE 34 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	AC .		C C00530766
Check if 24-hour report	X 48-hour report Nev	v report Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			08 / 23 / 2014
Mailing Address 2506 Bolch	Street		Amount
City	State	Zip Code	19.50
Shreveport	LA	71104	Transaction ID : f7f1146e-657a-4e88-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office S	Sought	97070.06	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Eric Wilson			08 / 23 / 2014
Mailing Address 907 Rand	lall Drive		Amount
City	State	Zip Code	40.00
Searcy	AR	72149	Transaction ID : da43b7dd-0dcb-4adb-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office S	Sought	65179.48	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized In	ndependent Expenditures		59.50
•			7 7
(b) SUBTOTAL of Unitemized	Independent Expenditures		•
(c) TOTAL Independent Expe	nditures		•
	gestion of, any candidate or autho		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchand		ctronically Filed] Date	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	VI EXI ENE	TIONES		5 OF 84 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	TION NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	/ Y = Y = Y
Full Name of Payee			Date of Public Distribution	n/Dissemination
Eric Wilson			08 / D D D D D D D D D D D D D D D D D D	2014
Mailing Address 907 Randall Drive			Amount	
City	State	Zip Code		30.90
Searcy	AR	72149	Transaction ID : e14f46l Date of Disbursement or	
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		X Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	65179.48	Disbursement For: Prima 2014 Other (specify) ▶ _	ry X General
Full Name of Payee			Date of Public Distribution	on/Dissemination
Timothy Foley			08 / 23	2014
Mailing Address 20679 Glenbrook Terrace			Amount	
City	State	Zip Code		50.00
Sterling	VA	20165	Transaction ID : 9691a7k Date of Disbursement of	
Purpose of Expenditure Salary		Category/ Type 001	08 / 23	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	255843.21	Disbursement For: Prima 2014 Other (specify) ▶ _	ry X General
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	80.90
(b) SUBTOTAL of Unitemized Independent Expend	itures			
(,,			4	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		014 Y
•				

Schedule E)		10.120		PAGE 36 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Theresa a Youngblood			M = M	ic Distribution/Dissemination
Mailing Address 102 S Main Street Apt A			08 Amount	23 2014
City	State	Zip Code		75.00
Berryville	VA	22611		ID: 55578e9a-334d-4e2b-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	23 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	255843.21	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Kelly Dolan			M = M	ic Distribution/Dissemination
Mailing Address 543 S 2nd St			08 Amount	23 2014
City	State	Zip Code		80.00
Bellaire	NC	77401	Transaction I	D : c1b2af13-2ce2-48e0-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	23 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97070.06	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		•	155.00
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		•	
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	08 26	/ Y Y Y Y Y 2014
Signature		_		

Schedule E)	VI EXI END	TIONES	PAGE 37 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Kelly Dolan			08 / 23 / 2014
Mailing Address 543 S 2nd St			Amount
City	State	Zip Code	10.80
Bellaire	NC	77401	Transaction ID : e395d455-4933-4a7c-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	97070.06	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Taylor N Randall			08 / 23 / 2014
Mailing Address 2002 E Park Ave			Amount
Apt 40			
City Searcy	State AR	Zip Code 72143	105.00 Transaction ID: 8f7f3702-7a72-4b55-a
Purpose of Expenditure			Date of Disbursement or Obligation
Salary		Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	65179.48	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		. • 115.80
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		· ·
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 26 2014

Schedule E)		710.120		PAGE 38 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee Taylor N Randall			Date of Pub	lic Distribution/Dissemination
Mailing Address 2002 E Park Ave			Amount	23 2014
Apt 40			Amount	
City	State	Zip Code		27.51
Searcy	AR	72143		ID: 4b3e62d7-a469-4915-a pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 08	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursement For: 2014 Other (s	Primary
Full Name of Payee				olic Distribution/Dissemination
Shelbi L Randall			Date of Fut	/ D D / Y Y Y Y
Mailing Address 202 Fast Park Ave Ant 40			08	23 2014
Mailing Address 202 East Park Ave Apt 40			Amount	
City	State	Zip Code		105.00
Searcy	AR	72143		ID: 3f7589cc-1769-4103-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	- 7 7	65179.48	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expendent	ditures		. >	132.51
(b) SUBTOTAL of Unitemized Independent Expe	enditures		· •	
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	08 26	2014
Signature		_		

Schedule E)	INT EXICINE	JITONES	PAGE 39 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	80.00
METAIRIE	LA	70003	Transaction ID : df72ff77-1a4c-4ad2-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97070.06	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			08 23 2014
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	1.80
METAIRIE	LA	70003	Transaction ID : 998905c6-5edc-4ada-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97070.06	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		81.80
(a) SOBTOTAL OF NOTIFICE INDEPENDENT EXPENSE			01.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· >
(c) TOTAL Independent Expenditures			•
	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
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Schedule E)	II EXI END	HONES	<u> </u>	PAGE 40 OF 84 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEI	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	X New rep	oort Amends repo	rt filed on/	D = D / Y = Y = Y
Full Name of Payee Michael Vidrine			Date of Public D	Distribution/Dissemination
Mailing Address 1103 West Wilson Street			08	23 2014
			Amount	
City	State	Zip Code		50.00
Ville Platte	LA	70586		: 03d26720-8844-40c4-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	97070.06	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee	_		Date of Public I	Distribution/Dissemination
Michael Vidrine			08	23 / 2014
Mailing Address 1103 West Wilson Street			Amount	
City	State	Zip Code		20.10
Ville Platte	LA	70586		a698600f-d1c7-4edf-a ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	97070.06	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditur	es		•	70.10
(b) CUPTOTAL of Heliconics of Industry and Industry	A		7	
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	9
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 26	2014
S.g.iataio				

Scl	hedule E)			PAGE 41 OF 84 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	C00530766
Che	ck if 24-hour report X 48-hour report X New re	eport Amends repo	rt filed on	D
_				
	Full Name of Payee Francis Richardson		Date of Public	Distribution/Dissemination 23 2014
	Mailing Address 220 Doucet Rd		Amount	
ŀ	City State	Zip Code		30.00
	Lafayette LA	70503		D: e2aef547-ea43-4619-a rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	08	23 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose	President >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	97070.06	Disbursement For: 2014 Other (sp.	Primary
Γ	Full Name of Payee		Date of Public	Distribution/Dissemination
١	Francis Richardson		M M M /	23 2014
ŀ	Mailing Address 220 Doucet Rd			2014
١			Amount	
ŀ	City State	Zip Code		3.09
	Lafayette LA	70503	Transaction ID Date of Disbu	: eb1293d4-64d8-44d7-8 rsement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	08	23 / 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	Oppose	President >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	97070.06	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		•	33.09
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures)	
W	Under penalty of perjury I certify that the independent expenditure vith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electro	onically Filed] Date	08 / 26	/ Y Y Y Y Y Y 2014
	Signature			

Schedule E)	PENT EXI ENL	JII OI LE	PAGE 42 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Patrice Wolfe			08 / 23 / 2014
Mailing Address 9909 Treasure Hill Rd			Amount
City	State	Zip Code	40.00
Little Rock	AR	72205	Transaction ID : b6f942e6-80b5-4568-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 23 / Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Patrice Wolfe			08 23 2014
Mailing Address 9909 Treasure Hill Rd			Amount
City	State	Zip Code	18.00
Little Rock	AR	72205	Transaction ID: 0c3a906b-5ea0-4a52-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Exper	ditures		▶ 58.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		· •
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	9 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LIVI LXI LIVI	THORIES	PAGE 43 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carol L Snow			08 / 23 / 2014
Mailing Address 6281 Jenkins rd			Amount
City	State	Zip Code	20.00
Morganton	NC	28655	Transaction ID: 627f25a1-cfe0-48ed-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		255843.21	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Carol L Snow			08 23 2014
Mailing Address 6281 Jenkins rd			Amount
City	State	Zip Code	20.00
Morganton	NC	28655	Transaction ID: 5b74314f-8dd2-4d0c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	255843.21	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	litures		40.00
			7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	LIVI EXI LIVE	THORIES	PAGE 44 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carol L Snow			08 / 23 / 2014
Mailing Address 6281 Jenkins rd			Amount
City	State	Zip Code	8.70
Morganton	NC	28655	Transaction ID : 31287cb3-9def-4854-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	255843.21	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Carol L Snow			08 / 23 / 2014
Mailing Address 6281 Jenkins rd			Amount
City	State	Zip Code	8.70
Morganton	NC	28655	Transaction ID : 6a44ac6e-35e7-4d1f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		255843.21	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendent	ditures		17.40
, ,			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 26 2014
S.g.iataro			

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report file	d on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Claire A Smith	08 23 Y 2014
Mailing Address 6610 Walcott Rd	Amount
City State Zip Code	25.00
Paragoud AR 72450	Transaction ID : d3894651-ca03-44e5-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought Dist 201-	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Claire A Smith	08 23 2014
Mailing Address 6610 Walcott Rd	Amount
City State Zip Code	12.90
Paragoud AR 72450	Transaction ID: e2123145-f2a0-4296-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 23 / 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Dist	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	37.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not newith, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	AI EIID G EG	PAGE 46 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report	t filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Benjamin Hernandez		08 23 2014
Mailing Address 915 E Market Ave		Amount
City Sta	te Zip Code	70.00
Searcy A	·	Transaction ID: 2a13adba-769c-4618-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 E Market Ave		Amount
City	ate Zip Code	29.70
Searcy A	R 72149	Transaction ID: a1df01e7-ac47-4c15-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / D D / Y Y Y Y 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	65179.48	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		99.70
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of	
Ms. Emily Buchanan	[Electronically Filed] Date	08 26 2014
Signature		

Schedule E)		1101.20		PAGE 47 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M
Full Name of Payee			Date	of Public Distribution/Dissemination
Randy M Gold			IV	08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1436 Haigs Creek Dr			Amou	nt
City	State	Zip Code		110.00
	SC	29045		action ID : e29094ca-2a1b-4707-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursemen 2014 O	nt For: Primary X General Other (specify) ▶
Full Name of Payee				of Public Distribution/Dissemination
Randy M Gold				MIM / DID / YIYIYIY
Mailing Address 1436 Haigs Creek Dr				08 23 2014
100 Haige 0.23 2.			Amou	ınt
City	State	Zip Code		53.61
9	SC	29045	Transa Date	action ID: d1504dac-66d6-4f0b-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 / 23 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursemer 2014	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			▶	163.61
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	71171171
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 08	26 2014
Signature				

Schedule E)	VI EXI ENE	TI OTILO	<u> </u>	PAGE 48 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Kaleigh J Wagner			M M /	23 / 2014
Mailing Address 18065 Wayne Rd			Amount	
City	State	Zip Code		110.00
Odessa	FL	33556		: aeab4415-8527-47e3-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	65179.48	Disbursement For: 2014 Other (spec	Primary X General
Full Name of Payee	<u> </u>		Date of Public I	Distribution/Dissemination
Lee R Carter			08 /	23 / 2014
Mailing Address 3110 Brentwood Rd			Amount	
City	State	Zip Code		100.00
Raleigh	NC	27604		95989e33-11ce-4759-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	255843.21	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			210.00
			4	7 -
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 26	2014
- 3				

Schedule E)	DENT EXICIO	TIONES	PAGE 49 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lee R Carter			08 / 23 / 2014
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	13.20
Raleigh	NC	27604	Transaction ID: 488499d1-f83d-40da-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	255843.21	Disbursement For:
Full Name of Payee	_		Date of Public Distribution/Dissemination
Tylan S Green			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	40.00
New Orleans	LA	70131	Transaction ID : f95c75c2-0861-46e4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	97070.06	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		53.20
(a) 00210112 of nonless maspensons 2/po			7 7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
9			

Schedule E)	iti Exi Eiti	SHORLS	PAGE 50 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			08 / 23 / 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	5.10
New Orleans	LA	70131	Transaction ID : dead9cac-1f2d-4850-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97070.06	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mattie Harris			08 23 2014
Mailing Address 3654 Tara St			Amount
City	State	Zip Code	20.00
springdale	AR	72762	Transaction ID : 990534c2-cce3-49c1-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	65179.48	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 25.10
(b) SUBTOTAL of Uniternized Independent Exper	ıditures		
(b) SSETCTAL OF CHIRCHINESS INDOPONDENT EXPOR			7 7 7
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 26 2014
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Schedule E)	T EXI END	TIONES	PAGE 51 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mattie Harris			08 23 7 2014
Mailing Address 3654 Tara St			Amount
City	State	Zip Code	5.70
springdale	AR	72762	Transaction ID : 1dfa83e3-76ff-44fe-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	65179.48	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Lisa Booth			08 / 23 / 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	72.50
Eden	NC	27288	Transaction ID : 2f0518e1-ab38-4e3b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 23 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	255843.21	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		78.20
# \ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
(b) SUBTOTAL of Unitemized Independent Expend	itures		· ·
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LIVI EXI ENL	TI OTILO	PAGE 52 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			08 23 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	9.00
Eden	NC	27288	Transaction ID: 07706cfb-854a-40c1-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		255843.21	Disbursement For: Primary General Q014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Amelia Brackett			08 23 2014
Mailing Address 804 Roundabout Circle			Amount
City	State	Zip Code	20.00
Searcy	AR	72143	Transaction ID : bfe02078-dc44-4ca7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		29.00
(b) SUBTOTAL of Unitemized Independent Exp	andituras		
(b) SOBTOTAL OF OFficernized independent Exp	enditures		
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Brandon Wheeler	08 23 2014
Mailing Address 10112 Piney Creek Ct	Amount
City State Zip Code	40.00
Charolette NC 28215	Transaction ID : 1edcd455-9823-4041-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disk 2014	
5 11 11 1 1 2	Other (specify)
Full Name of Payee Thomas Dias	Date of Public Distribution/Dissemination
Mailing Address 110 Maryella Dr	08 23 2014 Amount
City State Zip Code	50.00
Searcy AR 72143	Transaction ID : 0a4e7683-9c2c-48bf-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	VI EXI END	TIONES	PAGE 54 OF 8 FOR SE OF FORM 24/4	4 8
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee Thomas Dias			Date of Public Distribution/Dissemination	
Mailing Address 110 Maryella Dr			08 23 2014	
			Amount	_
City	State	Zip Code	29.1	0
Searcy	AR	72143	Transaction ID: 13f0b713-736a-4374-I Date of Disbursement or Obligation	b
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Mr. Mark L Pryor		X Oppose	President Senate State: AF	₹
Calendar Year-To-Date Per Election for Office Sought	7 1 7	65179.48	Disbursement For: Primary General Other (specify) ▶	eral
Full Name of Payee			Date of Public Distribution/Dissemination	on
Chris McCoy			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code	40.00)
High Point	NC	27260	Transaction ID : bf62c07a-9481-4ba0-8 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	08 / 23 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Kay Hagan		Oppose	President Senate State: No	
Calendar Year-To-Date Per Election for Office Sought	7 7	255843.21	Disbursement For: Primary	eral
(a) SUBTOTAL of Itemized Independent Expenditure	'es		69.10	\neg
				Η
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	_
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08	
Jigitataro				

Schedule E)	DENT EXICITE	TIONES	PAGE 55 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			08 / 23 / 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	19.50
High Point	NC	27260	Transaction ID : dd07eaed-bd08-4d37-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	255843.21	Disbursement For: Primary General
Full Name of Payee			Date of Public Distribution/Dissemination
Tarrin Lesaicherre			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave			Amount
City	State	Zip Code	70.00
Metairie	LA	70001	Transaction ID : 51f41bbc-feef-4acb-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97070.06	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		89.50
(b) CURTOTAL of Unitermized Independent To	ro andituro a		
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	IVI EXI EIVE	TI OTILO	PAGE 56 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination
Mailing Address 629 Radiance Ave			08 24 2014 Amount
	0	7: 0 1	
City Metairie	State LA	Zip Code 70001	3.60 Transaction ID : 3a43efc7-29d5-4e45-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement of Obligation M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	97070.06	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Brandon Guttuso			Date of Public Distribution/Dissemination
Mailing Address 3013 Transcontinental Dr			08 24 2014
			Amount
City	State	Zip Code	70.00
Metairie Purpose of Expenditure	LA	70006	Transaction ID : 26e95d04-f756-4bcd-a Date of Disbursement or Obligation
Salary		Category/ Type 001	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	77	97070.06	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		73.60
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		
,,			7 7
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 26 2014

Sc	hedule E)	311 01120		PAGE 57 OF 84 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			ENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	000530766
Che	eck if 24-hour report X 48-hour report New re	eport Amends repo	rt filed on	D = D / Y = Y = Y
Т	Full Name of Payee		Date of Public	Distribution/Dissemination
	Brandon Guttuso		08	24 2014
	Mailing Address 3013 Transcontinental Dr		Amount	
ŀ	City State	Zip Code		3.60
	Metairie LA	70006	I	D: ddb7575d-c90a-4fce-9 rsement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	08	24 / 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	X Oppose	President >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	97070.06	Disbursement For: 2014 Other (spe	Primary
Γ	Full Name of Payee		Date of Public	Distribution/Dissemination
1	Christine Stevens		08 /	24 2014
ŀ	Mailing Address 100 Asbury Ct			24 2014
1	•		Amount	
ŀ	City State	Zip Code		30.00
	Winchester VA	22602	Transaction ID Date of Disbut	: f8a44215-0813-4c59-9 rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	08 /	24 / 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	Oppose	President >	
	Calendar Year-To-Date Per Election for Office Sought	255843.21	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures)	33.60
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures		>	7
٧	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electro	onically Filed] Date	08 26	2014
	Signature			

Schedule E)	JEINI EXI END	TIONES	PAGE 58 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jazmine d Conner			08
Mailing Address 100 ASBURY CT			Amount
City	State	Zip Code	30.00
WINCHESTER	VA	22602	Transaction ID: 94c2b427-3401-4b08-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 24 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		255843.21	Disbursement For: Primary General 2014 Gher (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jon E Conner			08 24 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	30.00
Winchester	VA	22602	Transaction ID : c60a784e-ab16-48da-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		255843.21	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Exper	nditures		60.00
(b) SUBTOTAL of Uniternized Independent Ex	nenditures		
(b) COLICINE OF CHILDHIELD INDOPONDON EX			45 45 45
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08
•			

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M / D D / Y Y Y Y Y
	of Public Distribution/Dissemination
	08
Mailing Address 100 Asbury Ct Amour	nt
City State Zip Code	30.00
Winchester VA 22602 Trans	action ID : a7a2105d-7fb0-4981-8 of Disbursement or Obligation
Purpose of Expenditure	08 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought	t: House District:00
Ms. Kay Hagan Preside	
Calendar Year-To-Date Per Election for Office Sought Disbursement 255843.21 Disbursement 2014	
	ther (specify) -
Rodney D Culbreth	of Public Distribution/Dissemination
Mailing Address 100 Asbury CT	08 24 2014
3200 Dam Neck Rd	nt
City State Zip Code	30.00
Date of	oction ID: ed9d0582-685f-481c-a of Disbursement or Obligation
	08 / 24 / 2014
Name of Federal Candidate Support Office Sough	t: House District:00
Ms. Kay Hagan Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if t party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	26 2014
Signature	

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OF

Schedule E)	IVI EXI END	TIONES	PAGE 60 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on Mam / Dad / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Rze Culbreath			08 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	30.00
Winchester	VA	22602	Transaction ID : fa781844-ef2c-45a6-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	255843.21	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Michael Chinchar			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2730 Dave Ward Dr			Amount
City	State	Zip Code	30.00
Conway	AR	72034	Transaction ID : 52c522ad-f425-4212-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	65179.48	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		▶ 60.00
,,			7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08 / 26 / 2014
-			

Schedule E)	EXI ENDI	TOTILO			-	PAGE 61 FOR SE OF		84 18
NAME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION		
Women Speak Out PAC						C00530766		
Check if 24-hour report X 48-hour report	New repo	ort Ame	nds repo	rt filed on	= M /	D D /	Y Y Y	Y
Full Name of Payee Michael Chinchar				M	- M /	: Distribution/	YYY	
Mailing Address 2730 Dave Ward Dr				Amour	08 nt	24	2014	
City	State	Zip Code					6	00
	AR	72034				D: 634a7e56	6-445d-4d09	_
Purpose of Expenditure Mileage		Category/ Type	002	M	08 /	24	2014	Y
Name of Federal Candidate		Sı	upport	Office Sought	:	House	District:(00
Mr. Mark L Pryor			ppose	Preside		Senate	State	R
Calendar Year-To-Date Per Election for Office Sought		65179.48		Disbursement 2014 Ot	For: her (spe	Primary ecify) ▶	X Ger	neral
Full Name of Payee				Date of	of Public	Distribution	/Disseminati	on
Joseph R Rys				M	08 /	24	2014	- Y
Mailing Address 160 #50 Pompano Dr				Amou	-			_
City	State	Zip Code					40.0	0
'	NC	28560				: d35b55fe- rsement or (78cb-4f63-k	
Purpose of Expenditure Salary		Category/ Type	001	М	08	24	2014	Y
Name of Federal Candidate		Sı	upport	Office Sough	t:	House	District:	00
Ms. Kay Hagan			ppose	Preside	ent >	Senate	State:	IC
Calendar Year-To-Date Per Election for Office Sought		255843.21		Disbursement 2014 O	t For: ther (sp	Primary	Gei	neral
(a) SUBTOTAL of Itemized Independent Expenditures							46.00	
						-		
(b) SUBTOTAL of Unitemized Independent Expenditure	es			•	-	7		
(c) TOTAL Independent Expenditures				· [-			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized							
Ms. Emily Buchanan	[Electroni	cally Filed]	Date	08 /	26	201	4	
Signature								

Schedule E)	IVI EXI EIVE	TIONES	PAGE 62 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Joseph R Rys			08 / 24 / 2014
Mailing Address 160 #50 Pompano Dr			Amount
City	State	Zip Code	5.64
New Bern	NC	28560	Transaction ID : a9230ff7-0120-4ceb-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	255843.21	Disbursement For: Primary ⊠ General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Randy M Gold			08 24 2014
Mailing Address 1436 Haigs Creek Dr			Amount
City	State	Zip Code	60.00
Elgin	SC	29045	Transaction ID : 1f139b1c-68d9-4616-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	65179.48	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures		▶ 65.64
(b) SUBTOTAL of Unitemized Independent Expen	ditures		• •
(c) TOTAL Independent Expenditures			. •
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08 / 26 / 2014
-			

Sched	ule E)	II EM ENE.	1101120		PAGE 63 OF 84 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Name of Payee andy M Gold			M	f Public Distribution/Dissemination
Maili	ng Address 1436 Haigs Creek Dr			Amoun	08 24 2014 nt
City		State	Zip Code		46.29
Elgi	n	SC	29045		action ID: 2fb2450f-6729-4a0d-a f Disbursement or Obligation
	ose of Expenditure eage		Category/ Type 002	М	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nam	e of Federal Candidate		Support	Office Sought	: House District: 00
Mr.	Mark L Pryor		Oppose	Preside	nt Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7	65179.48	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
	Name of Payee leigh J Wagner			M	of Public Distribution/Dissemination
Mail	ing Address 18065 Wayne Rd			Amour	
City		State	Zip Code		60.00
	essa	FL	33556	Transac Date c	ction ID: 1b37d845-e539-489b-9 of Disbursement or Obligation
Purp Sala	oose of Expenditure ary		Category/ Type 001		08 / 24 / 2014
Nam	ne of Federal Candidate		Support	Office Sought	t: House District:00
Mr.	Mark L Pryor		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	65179.48	Disbursement 2014 Ot	t For: Primary
(a) S	UBTOTAL of Itemized Independent Expenditure	'es			106.29
(b) S	UBTOTAL of Unitemized Independent Expendi	itures		· •	
(c) T	OTAL Independent Expenditures			· ·	
with,	r penalty of perjury I certify that the independent at the request or suggestion of, any candidate committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 08	26 2014
Sig	gnature		_		

Schedule E)	IDENT EXPEND	ATONES	PAGE 64 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	ort New re	port Amends repo	rt filed on
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination
Mailing Address 202 East Park Ave Apt 40			08 / 24 / 2014
			Amount
City	State AR	Zip Code 72143	35.00 Transaction ID : bf91bab1-d5cf-4242-9
Searcy Purpose of Expenditure	AN	12143	Date of Disbursement or Obligation
Salary		Category/ Type 001	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Shelbi L Randall			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 East Park Ave Apt 40)		Amount
City	State	Zip Code	35.25
Searcy	AR	72143	Transaction ID: 482f6b43-76ec-4863-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		65179.48	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		70.25
(,			7 7
(b) SUBTOTAL of Unitemized Independent E	xpenditures		•
(c) TOTAL Independent Expenditures			>
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
 g			

Schedule E)	PAGE 65 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Taylor N Randall	
Mailing Address 2002 E Park Ave Amount	لسنسا لسا ك
Apt 40	
	45.00 ction ID : 9e753de1-6122-416c-a
Purpose of Expenditure Category/	Disbursement or Obligation 8 24 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor Mr. Mark L Pryor Oppose President	Trouse Blothot.
Calendar Year-To-Date Per Election for Office Sought Disbursement F 2014 Other	For: Primary
	Public Distribution/Dissemination
	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2329 Runnymede Dr Amount	
City State Zip Code	70.00
Date of	tion ID: 1390ea43-7867-4f10-9 Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu Oppose Presiden	
Calendar Year-To-Date Per Election for Office Sought Disbursement I 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in code with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	26 2014

Schedule E)	IVI EXI EIVE	ATOTILO	PAGE 66 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jacob L Colbert			08 / 24 / 2014
Mailing Address 49 Sharon Circle			Amount
City	State	Zip Code	15.00
Greenbrier	AR	72058	Transaction ID : 953001f7-98bc-44d2-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	65179.48	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jacob L Colbert			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 49 Sharon Circle			Amount
City	State	Zip Code	12.00
Greenbrier	AR	72058	Transaction ID : 67e3b544-bde8-486b-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	65179.48	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		27.00
(-)			7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 26 7 2014

Schedule E)		PAGE 67 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC	C	C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	D = D / Y = Y = Y
Full Name of Payee Nathan Smith	M = M /	Distribution/Dissemination
Mailing Address 1247 W Mt Comfort Rd	08 Amount	24 2014
City State Zip C	Codo	22.50
Fayatteville AR 7270	Transaction I	D: 1b348582-38b1-4d60-b irsement or Obligation
Purpose of Expenditure Salary Cat	egory/ Type 001 08	24 / 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Mr. Mark L Pryor		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 6517	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Nathan Smith	M = M	c Distribution/Dissemination
Mailing Address 1247 W Mt Comfort Rd	Amount	24 2014
City State Zip 0	Code	7.38
Fayatteville AR 727	03 Transaction II	D: c31abac1-0b1e-4e4b-a ursement or Obligation
Purpose of Expenditure Mileage Cat	egory/ Type 002 08	24 2014
Name of Federal Candidate	Support Office Sought:	House District:00
Mr. Mark L Pryor		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 6	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		29.88
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures	······	7 7 7
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Signature	Filed] Date 08 / 26	2014

Schedule E)	LIVI EXI EIVI	JII OI LO	PAGE 68 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	50.00
Ville Platte	LA	70586	Transaction ID : 4ba445a6-c980-444b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 24 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	97070.06	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			08 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	39.00
Ville Platte	LA	70586	Transaction ID : b2cc8e7b-6a17-4a19-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97070.06	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 89.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 26 7 2014

Schedule E)		PAGE 69 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	- M / D - D / Y - Y - Y - Y
Full Name of Payee Kinsey E Beck		of Public Distribution/Dissemination
Mailing Address 103 Glenhaven Ct		08 24 2014
100 Olomaton ot	Amour	nt
City State Zip (Harvest AL 357	Code 49 Transa	50.00 action ID : e1289c8c-e3df-474f-9
Purpose of Expenditure Ca	Date o	of Disbursement or Obligation
Salary	Type 001	08 24 2014
Name of Federal Candidate Mr. Mark L Pryor	Support Office Sought Oppose Preside	
Calendar Year-To-Date	Disbursement	To condition of the con
Per Election for Office Sought 6517	79.48 2014 Ot	ther (specify)
Full Name of Payee Kinsey E Beck	M	of Public Distribution/Dissemination
Mailing Address 103 Glenhaven Ct		08 24 2014
000	Amoui	
City State Zip Harvest AL 357		40.50 ction ID : 34c1e493-2399-4810-8 of Disbursement or Obligation
Purpose of Expenditure Mileage	tegory/	08 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sough	
Mr. Mark L Pryor	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2014 Or	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	90.50
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	
(c) TOTAL Independent Expenditures	·	
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically	Filed] Date 08	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	ITONES	PAGE 70 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	ort Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination
Mailing Address 106 Wyncrest Ct		08 24 2014
		Amount
City State	Zip Code	50.00
Hendersonville TN	37075	Transaction ID: 4c8cf685-f8ea-4f1d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District:00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	65179.48 Disk 2014	oursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
David M Bozeman		08 24 2014
Mailing Address 768 Pine Haven Drive		Amount
City State	Zip Code	5.00
Fayetteville NC	28306	Transaction ID : 3c24e993-b3ee-4d85-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 24 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District:00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	255843.21 Disl 201	oursement For: Primary General 4 Other (specify) ▶
(a) CUPTOTAL of the mineral leaders and ast Ferrandillands		55.00
(a) SUBTOTAL of Itemized Independent Expenditures		55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	ically Filed] Date	08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	PAGE 71 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amend	s report filed on
Full Name of Payee David M Bozeman	Date of Public Distribution/Dissemination
Mailing Address 768 Pine Haven Drive	08 24 2014 Amount
City State Zip Code	0.30
Fayetteville NC 28306	Transaction ID : 4b28eed3-1d43-4950-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 08 / 24 / 2014
Name of Federal Candidate Supp	port Office Sought: House District: 00
Ms. Kay Hagan Oppo	
Calendar Year-To-Date Per Election for Office Sought 255843.21	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Lisa Booth	08
Mailing Address 1434 South Avenue	Amount
01	05.00
City State Zip Code Eden NC 27288	35.00 Transaction ID : 116f1c5f-c900-4ccf-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001
Name of Federal Candidate Supp	port Office Sought: House District: 00
Ms. Kay Hagan Oppo	ose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 255843.21	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	35.30
(b) CUPTOTAL of Heiberined Index and at Forest Phone	
(b) SUBTOTAL of Unitemized Independent Expenditures	············
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 08 26 2014
Signature	

Schedule E)	JENT EXICITE	TI OTILO	PAGE 72 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	t New re	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			08 / 24 / 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	7.20
Eden	NC	27288	Transaction ID: 6e0ea265-4313-446d-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		255843.21	Disbursement For:
Full Name of Payee	_		Date of Public Distribution/Dissemination
Jeanne Tribou			08 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	60.00
Mandeville	LA	70471	Transaction ID: 7c73575e-9929-485f-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	97070.06	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exper	nditures		67.20
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		·
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
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Schedule E)	IN EXILIN	JII OI LE	PAGE 73 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			08 / 24 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	6.60
Mandeville	LA	70471	Transaction ID : 298f4ada-db22-4d8d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97070.06	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Xavier Miller			08 24 2014
Mailing Address 407 randall Dr			Amount
City	State	Zip Code	50.00
Searcy	AR	72143	Transaction ID: ac8904a7-adda-4061-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	65179.48	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 56.60
			7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>
(c) TOTAL Independent Expenditures			•
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	8 08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	VI EXI END	TIONES	<u> </u>	PAGE 74 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Xavier Miller			M M /	24 / 2014
Mailing Address 407 randall Dr			Amount	
City	State	Zip Code		30.90
Searcy	AR	72143		: cb3b5884-8c8f-4d8d-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	65179.48	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Mr. Elizabeth Allison			08 /	24 / 2014
Mailing Address 157 Bishop Drive			Amount	
City	State	Zip Code		17.50
Avondale	LA	70094		: 028762c6-90b2-4f4c-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	97070.06	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			48.40
(b) SUBTOTAL of Unitemized Independent Expendent	litures		· >	7
(c) TOTAL Independent Expenditures)	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 26	2014
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Schedule E)	PENT EXICITE	ATOTILO	PAGE 75 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Laura Rose Porter			08 / 24 / 2014
Mailing Address 227 Fairgrounds Road			Amount
City	State	Zip Code	17.50
Natchitoches	LA	71457	Transaction ID : fdc0d6bf-5483-4d5f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	97070.06	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Laura Rose Porter			08 24 2014
Mailing Address 227 Fairgrounds Road			Amount
City	State	Zip Code	3.90
Natchitoches	LA	71457	Transaction ID : 926cc1db-9e21-4786-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97070.06	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		21.40
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 26 7 2014
•			

Schedule E)	IVI EXI EIVE	TIONES	PAGE 76 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			08 / 24 / 2014
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	65.00
METAIRIE	LA	70003	Transaction ID : 0f02f3d1-8d21-4ae2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	97070.06	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			08 / 24 / 2014
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	1.50
METAIRIE	LA	70003	Transaction ID : dc7d85fc-78fd-475f-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-yy	97070.06	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures		. ▶ 66.50
(I) OUDTOTAL (III III II			
(b) SUBTOTAL of Unitemized Independent Expen	ditures		.)
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	9 08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	PAGE 77 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D D / Y D Y D Y
Full Name of Payee Date of	Public Distribution/Dissemination
Vonniqua Jackson	08 24 2014
Mailing Address 111 Westchester Blvd Apt D4 Amount	
City State Zip Code	60.00
Slidell LA 70458 Transac	ction ID: 46af2c49-84d6-4dab-b Disbursement or Obligation
Purpose of Expenditure Category/	08 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu Ms. Mary L Landrieu Oppose Presiden	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For: Primary
	f Public Distribution/Dissemination
	08 24 2014
Mailing Address 220 Doucet Rd Amount	t
City State Zip Code	35.00
Date of	tion ID : 7ad1a6e5-8c43-4a74-b f Disbursement or Obligation
	08 / D D / Y Y Y Y Y 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu Presider	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	26 / 2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sche	edule E)	. EXI EIID			PAGE 78 OF 84 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
				- M	-M / D D / Y Y Y Y
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
Fu	III Name of Payee Francis Richardson				of Public Distribution/Dissemination
	ailing Address 220 Doucet Rd				08 / 24 / 2014
	220 Doucet Ru			Amou	nt
Cit	ty	State	Zip Code		2.52
La	afayette	LA	70503		action ID : fa37e704-6f24-4bc6-b of Disbursement or Obligation
	urpose of Expenditure fileage		Category/ Type 002		08 24 7 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00
М	ls. Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , , ,	97070.06	Disbursemen 2014 O	t For: Primary X General
	ull Name of Payee				of Public Distribution/Dissemination
K	Kelly Dolan			IV	08 24 2014
Ma	ailing Address 543 S 2nd St				00 24 2014
	0.00200			Amou	nt
Ci	ity	State	Zip Code		80.00
	Bellaire	NC	77401	Transa Date	ction ID: 148e7447-a2c2-4347-a of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001	N	08 / 24 / Y Y Y Y Y
-	ame of Federal Candidate		Support	Office Sough	t: House District: 00
M	ls. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		97070.06	Disbursemen 2014 O	t For:
_		_		-	
(a)	SUBTOTAL of Itemized Independent Expenditures	S		•	82.52
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c)	TOTAL Independent Expenditures			•	
with	der penalty of perjury I certify that the independer n, or at the request or suggestion of, any candidat ty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	9 08	26 2014
;	Signature		_		

Schedule E)	II EXI END	TIONES	PAGE 79 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Kelly Dolan			08 / 24 / 2014
Mailing Address 543 S 2nd St			Amount
City	State	Zip Code	12.30
Bellaire	NC	77401	Transaction ID : fffa790f-6b10-4cd7-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement of Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	97070.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Alexa S Dudley			08 24 2014
Mailing Address 4367 Splitlog Rd			Amount
City	State	Zip Code	20.00
Goodman	MO	64843	Transaction ID : 4e22b74c-b761-45b3-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	65179.48	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es		32.30
(b) SUBTOTAL of Unitemized Independent Expendent	tures		•
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	PAGE 80 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	W = M / D = D / Y = Y = Y = Y
Alexa S Dudley	of Public Distribution/Dissemination
Mailing Address 4367 Splitlog Rd Amou	08 24 2014
* * * *	24.60 saction ID : 79c17603-f5b9-4fed-8 of Disbursement or Obligation
Purpose of Expenditure	08
Name of Federal Candidate Support Office Sough	ht: House District: 00
Mr. Mark L Pryor	
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2014	nt For:
Michael Vidrine	of Public Distribution/Dissemination
Mailing Address 1103 West Wilson Street Amou	08 24 2014 unt
City State Zip Code	55.00
Ville Platte LA 70586 Trans. Date	action ID: 8bb2fc3e-d481-4fb2-b of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 24 / 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu Presid	
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	79.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)				PAGE 81 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Michael Vidrine			M = M /	Distribution/Dissemination
Mailing Address 1103 West Wilson Street			08 Amount	24 2014
City	State	Zip Code		28.50
Ville Platte	LA	70586		25.30 2 : 608a3671-fee2-42f2-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7	97070.06	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Tylan S Green			08 /	24 / 2014
Mailing Address 2320 Saint Nick Dr			Amount	
City	State	Zip Code		50.00
New Orleans	LA	70131		: 4073151d-a664-4b7e-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	97070.06	Disbursement For: 2014 Other (spe	Primary Seneral
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	78.50
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· • · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 / 26	2014

Schedule E)	T EXI END	TIONES	PAGE 82 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			08 / 24 / 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	10.50
New Orleans	LA	70131	Transaction ID : ebd31022-97f6-43f9-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	97070.06	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Daniel E Collison			08 / 22 / 2014
Mailing Address 3315 Cardinal Ridge Rd			Amount
City	State	Zip Code	45.00
Greensboro	NC	27410	Transaction ID : caad9920-5f99-45a3-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	255843.21	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	es		. ▶ 55.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		. •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	8 08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3			

Schedule E)	DEITI EXI EITE	TIONES	PAGE 83 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination
Mailing Address 3315 Cardinal Ridge Rd			08 22 2014 Amount
City Greensboro	State NC	Zip Code 27410	17.40 Transaction ID : 7e82d72c-c8c3-43f9-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		255843.21	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Nathan D Wirebaugh			Date of Public Distribution/Dissemination
Mailing Address 7320 Red Maple Dr			08 23 2014 Amount
City	State	Zip Code	45.00
Holland	ОН	43528	Transaction ID : f16e5f38-f255-4b8a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		255843.21	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		62.40
(b) SUBTOTAL of Unitemized Independent Ex	penditures		. •
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	LIVI EXI LIVE	TIONES	PAGE 84 OF 84 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination
·			08 / D D / Y Y Y Y Y Y 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	45.00
High Point	NC	27260	Transaction ID: ec7b906f-4941-433f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	255843.21	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	18.00
High Point	NC	27260	Transaction ID: 19228299-b8b6-4ed9-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		255843.21	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen-	diturae		63.00
(a) GOD TO THE OF ROMEDON MISSPONDON EXPON	310100		
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			5725.60
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			